

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024722

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 292

STATE FILE NUMBER

FILED JUN 27 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYTOWN Mo.		c. CITY OR TOWN RAYTOWN Mo.	
Length of stay in 1b 10 Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9913 E 77 St Terr		d. STREET ADDRESS (If outside, give location) 9913 E 77 St Terr	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ERNEST R FARMER		4. DATE OF DEATH Month 6 Day 25 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1895
9. AGE (last birthday) 67		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Beacon Van & Storage Pomona, Mo	
11. BIRTHPLACE (City and state or country) U S A		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Si Farmer		13b. MOTHER'S MAIDEN NAME Tide Wilson	
14. NAME OF HUSBAND OR WIFE Dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. John Trowbridge, 8414 Wabash K E Mo	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Infarcted carcinoma DUE TO (c) Carcinoma of pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 WK. unk.
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 16 May 63 to 24 June 63 and last saw her alive on 24 June 63 Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Paul R. Young M.D.	22b. ADDRESS Raytown, Mo.	22c. DATE SIGNED 25 June 63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/27/63	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah
23d. LOCATION (City, town, or county) Kansas City, Mo		
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home K C Mo	25. DATE RECD. BY LOCAL REG. 6-25-63	26. REGISTRAR'S SIGNATURE Alba L. Crang

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JUN 28 1963

Dr Young Paul
9406 E 63rd
39000329

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John P. Shiel

Licensed Embalmer No. 3625

P. O. Address 11040

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.